

COUNTY OF WARREN
HOUSING REHABILITATION PROGRAM
PRELIMINARY APPLICATION

Information contained herein shall be kept confidential and shall be used only for the purpose of determining eligibility for financial assistance. It is only a preliminary form - further information will be required at a later date. (PLEASE PRINT)

APPLICANT: _____

PROPERTY ADDRESS: _____ Street: _____
Town: _____

MAILING ADDRESS: _____ Street or P.O.#: _____
Town: _____

Is this a rental unit? _____ If so: Landlord name and address: _____

Home Phone No. _____ Work Phone No. _____

HOUSEHOLD COMPOSITION: (List each family member who will live in the dwelling. Son, daughter, Grandparents, Son in-law, daughter in-law, girl friend, boy friend Identify full-time students.)

	<u>NAME</u>	<u>RELATIONSHIP TO HEAD OF FAMILY</u>	<u>SOCIAL SECURITY #</u>	<u>AGE</u>	<u>SEX</u>
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____

(List additional members on back of sheet)

INCOME:

Annual GROSS Household Income: _____

(This should be the total yearly salaries of all individuals who live in the dwelling)

Other Income: _____

(List Rents, Interest, Social Security, Dividends, etc.)

ASSETS:

Savings Account (Bank and Account No.) _____
Other (Identify) _____

MORTGAGE INFORMATION:

IS THIS PROPERTY MORTGAGED? _____

Are the Taxes current on the property to be rehabilitated? _____

If not current, what amount needs to be paid? _____

Property Tax Map # (If known) _____

I (We) certify that the above information is a true and complete statement to the best of my (our) knowledge and belief. **WARNING:** Federal Law makes it a criminal offense to make wilful false statement or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction.

Signatures(s) _____

Return to: DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT
Warren County Municipal Center
Lake George, NY 12845

HOUSING CONDITIONS

When was your home built? (Check one)

before 1940 _____ between 1940 and 1960 _____ after 1960 _____

Please indicate the type of residence:

single story home _____ two story home _____ mobile home - year manufactured _____
How many rooms are in your home? (excluding bathrooms) _____

Please check any problems you are having with your home:

_____ **Roof** - does it leak or sag?

_____ **Plumbing problems** - leaky pipes, poor water pressure, drains clog?

_____ **Heating problems** - does the heating system work? Is it old? High fuel bills?

_____ **Insulation** - is it needed? Is the home drafty?

_____ **Electrical problems** - dimming lights? Blowing fuses? Extension cords?

_____ **Septic system** - does it back up? Unpleasant odors? No septic system?

_____ **Storm windows and doors** - do you need them?

_____ **Indoor toilet** facilities lacking

_____ **Other** - feel free to list on the bottom of this page.

Where do you get your water from?

Well _____ Spring _____ Town Water _____ No Water _____

Other: